

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

3

APPLICANT(S)

10/627 535

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1												
2															
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28	1		1												
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31		2		2											
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48															
49															
50															
TOTAL IND.	6		6												
TOTAL DEP.		41		34											
TOTAL CLAIMS	47		40												
51															
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TOTAL CLAIMS															